County: Rock
MEMORIAL COMMUNITY HOSPITAL LTC FACILITY
313 STOUGHTON ROAD
EDGERTON 53534 Phone: (608) EDGERTON 53534 Phone: (608) 884-1330
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 61
Total Licensed Bed Capacity (12/31/00): 61
Number of Residents on 12/31/00: 59

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related Skilled No Yes 60

Number of Residents on 12/31/00:	****	59	******	******	******	**********	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/0	00) %
Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	Yes Yes Yes No No No Yes No No Yes No No Yes	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 28. 8 5. 1 0. 0 18. 6 15. 3 5. 1 6. 8 5. 1 10. 2 0. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over  Sex Male Female	1. 7 3. 4 25. 4 37. 3 32. 2 	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************************	

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		P	Private Pay			Managed Care			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$245.68	35	97. 2	\$101.17	0	0.0	\$0.00	17	100.0	\$138.00	4	100.0	\$206.57	<b>58</b>	98. 3%
Intermedi ate				1	2.8	\$83. 07	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	2	100.0		36	100. 0		0	0.0		17	100.0		4	100.0		59	100.0%

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Admissions, Discharges, and		Percent Distribution	$of \ \ Residents'$	Condi ti d	ons, Services,	and Activities as of 12/	<b>/31/00</b>
Deaths During Reporting Period			%	Needi ng		Total	
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent		Or Two Staff		Resi dents
Private Home/With Home Health	17. 6	Bathing	3. 4	0110	27. 1	69. 5	59
Other Nursing Homes	29. 4	Dressing	6. 8		27. 1	66. 1	59
Acute Care Hospitals	23. 5	Transferri ng	5. 1		33. 9	61. 0	59
Psych. HospMR/DD Facilities	0. 0	Toilet Use	5. 1		45. 8	49. 2	59
Rehabilitation Hospitals	0. 0	Eating	33. 9		52. 5	13. 6	59
Other Locations	29. 4	***************	******	******	******	**********	********
Total Number of Admissions	17	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa		5. 1		Respiratory Care	6. 8
Private Home/No Home Health	0. 0	Occ/Freq. Incontinent		83. 1	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	5. 6	Occ/Freq. Incontinent	of Bowel	67. 8	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	5. 6					Ostomy Care	0. 0
Acute Care Hospitals	22. 2	Mobility				Tube Feeding	1. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	15. 3	Recei vi ng 1	Mechanically Altered Diets	45.8
Rehabilitation Hospitals	0. 0						
Other Locations	5.6	Ski n Care				nt Characteristics	
Deaths	61. 1	With Pressure Sores		5. 1		ce Directives	98. 3
Total Number of Discharges		With Rashes		0. 0	Medications		
(Including Deaths)	18	1			Recei vi ng 🛚	Psychoactive Drugs	67. 8
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	Thi s	Other Hospital-	Al l		
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	<b>Ratio</b>	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 4	87. 5 1. 12	84. 5	1. 16	
Current Residents from In-County	94. 9	83. 6 1. 13	77. 5	1. 22	
Admissions from In-County, Still Residing	82. 4	14. 5 5. 68	21. 5	3.83	
Admi ssi ons/Average Daily Census	28. 3	194. 5 0. 15	124. 3	0. 23	
Discharges/Average Daily Census	30. 0	199. 6 0. 15	126. 1	0. 24	
Discharges To Private Residence/Average Daily Census	1. 7	102. 6 0. 02	49. 9	0.03	
Residents Receiving Skilled Care	98. 3	91. 2 1. 08	83. 3	1. 18	
Residents Aged 65 and Older	98. 3	91. 8 1. 07	87. 7	1. 12	
Title 19 (Medicaid) Funded Residents	61. 0	66. 7 0. 92	69. 0	0. 88	
Private Pay Funded Residents	28. 8	23. 3 1. 24	22. 6	1. 28	
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00	
Mentally Ill Residents	33. 9	30. 6 1. 11	33. 3	1.02	
General Medical Service Residents	0. 0	19. 2 0. 00	18. 4	0.00	
Impaired ADL (Mean)*	70. 8	51. 6 1. 37	49. 4	1.43	
Psychological Problems	67. 8	52. 8 1. 28	50. 1	1.35	
Nursing Care Required (Mean)*	7. 4	7.8 0.95	7. 2	1.04	